GEORGIA DEPARTMENT OF PUBLIC HEALTH Food Service Establishment Inspection Report Establishment Name: FARMERS BASKET Address: 2222 Buford Dr						CURRENT SCORE	CURRENT GRAD	Œ
Address: 3333 Buford Dr City: Buford Time In: 10:02 AM Time								
Inspection Date: 02/22/2023 CFSM: Willy Lazuardy 20410								
rpose of Inspection: Routine O Follow-up Compliant O Last Score Grade Date					45			
Preliminary O Other O	69	9	U	02/1	5/2023			
Risk Type: 1 () 2 () 3 () Permit#: 067-FS-10451	Prior Sc	core	Grade	-	Date			
Risk Factors are important practices or procedures as the most contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.	N/	Ά	N/A	11/0	4/2021	CORING AND GRADING: A=9	0-100 B=80-89 C=70-79	U <u><</u> 69
FOODBORNE ILLNESS RISK FACT (Mark designated compliance status (IN, OUT, NA, or NO) for each								
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable	1277.00.00					spection R=Repeat violation of		2 points
Compliance Status	cos				liance			COS R
1 IN OUT NA NO Supervision		oints	5 1	N OU	T NA NO	Cooking and Reheating		9 points
1-2A PIC present, demonstrates knowledge, performs duties 1-2B Certified Food Protection Manager	_	00				5-1A Proper cooking time a		00
Employee Health, Good Hygienic Practices		U	1 6	3 6		5-1B Proper reheating proc		0 0
2 IN OUT NA NO Preventing Contamination by Hands	9 pc	oints		,		o 15 1 topol tottodaling proc	Salar So Tor Hot Holaining	4 points
2-1A Proper use of restriction & exclusion	0	_	1			5-2 Consumer advisory pro	vided for raw and	00
O 2-1B Hands clean and properly washed	0	0				undercooked foods		00
O O 2-1C No bare hand contact with ready-to-eat foods or	0	0	6 1	N OU	T NA NO	Holding of TO		
approved alternate method properly followed					00	Date Marking of		9 points
2-2A Management knowledge, responsibilities, reporting		Oints			_ = =	6-1A Proper cold holding ten		0 0
2-2A Management knowledge, responsibilities, reporting O 2-2B Proper eating, tasting, drinking, or tobacco use	ő	-		\leq		6-1C Proper cooling time at	A. W. P. S. C. S.	0 0
O 2-2C No discharge from eyes, nose, and mouth	ŏ	-				6-1D Time as a public healt		
2-2D Adequate handwashing facilities supplied & access ble		0			OC	and records	останов рассия со	0 0
2-2E Response procedures for vomiting & diarrheal events	s O	0						4 points
3 IN OUT NA NO Approved Source		oints			OC	6-2 Proper date marking an	d disposition	00
3-1A Food obtained from approved source		0	7	N OU	T NA NO	Highly Susceptibl	e Populations	9 points
O O 3-1B Food received at proper temperature	0	-		olc		7-1 Pasteurized foods used	: Prohibited foods not	00
3-1C. Food in good condition, safe, and unadulterated	0					offered	200	
O O 3-1D Required records: shellstock tags, parasite destruction IN OUT NA NO Protection From Contamination	100	0	8		T NA NO	8-2A Food additives: appro	ATRICA CONTRACTOR OF THE PROPERTY OF THE PROPE	4 points O O
O O 4-1A Food separated and protected		Oints				8-2B Toxic substances prop	United States of the Control of the	
4-1B Proper disposition of returned, previously served, reconditioned, and unsafe food	0		9 1		T NA NO	used	Salara Dan Jan Jan Jan Jan Jan Jan Jan Jan Jan J	00
reconditioned, and another loca	4 pc	oints				9-2 Compliance with varian		4 points
4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized	0	_		C		and HACCP plan	oo, opoolalizot process	00
O 0 4-2B Food-contact surfaces: cleaned & sanitized	•	0						
GOOD F								
(Mark the numbered item OUT, if not in compliance. For items marked OUT, mar Good Retail Practices are preventive measures to control to								
Compliance Status					liance		is into roods.	cos R
10 OUT Safe Food and Water, Food Identification	cos 3 pc	oints	14	OUT		Proper Use of Ute	ensils	1 point
O 10A. Pasteurized eggs used where required	Ó	0		0	14A. In-	use utensils: properly stored		00
O 10B. Water and ice from approved source	0	0		0		nsils, equipment and linens: prop		The second second second
O 10C. Variance obtained for specialized processing methods	0			00		gle-use/single-service articles: oves used properly	properly stored, used	00
O 10D. Food properly labeled; original container	0	0	15	OUT		Utensils, Equipment ar	nd Vending	1 point
11 OUT Food Temperature Control	3 pc	oints		0		od and nonfood-contact surfa	and the second s	00
O 11A. Proper cooling methods used: adequate equipment for	0	0		0		designed, constructed, and		
O 11B. Plant food properly cooked for hot holding	0	0		ő		rewashing facilities: installed, ma infood-contact surfaces clear		00
O 11C. Approved thawing methods used	0	0	16	OUT		Water, Plumbing an		2 points
O 11D. Thermometers provided and accurate	1000	0		0		t and cold water available; a		00
12 OUT Prevention of Food Contamination 12A. Contamination prevented during food preparation, storage,	-	oints		0		umbing installed; proper back wage and waste water prope		0 0
display	0	0	17	OUT		Physical Facilit		1 point
O 12B. Personal cleanliness	0			0	17A. To	ilet facilities: properly constru	cted, supplied, cleaned	00
O 12C. Wiping cloths: properly used and stored O 12D. Washing fruits and vegetables	00	-		0		rbage/refuse properly dispose ysical facilities installed, mai		00
13 OUT Postings and Compliance with Clean Air Act		oint		0		equate ventilation and lighting;	TATE OF THE PARTY	00
13A. Posted: Permit/Inspection/Choking Poster/Handwashing		0	18	OUT		Pest and Animal C		3 points
O 13B. Compliance with Georgia Smoke Free Air Act	0	0		0	18. Inse	cts, rodents, and animals no	t present	00
Person in Charge (Signature)		(F	Print) V	Villy		Date:	02/22/2023	
Inspector (Signature) MAS EHS			F	ollow	-up: YE	s O NO ● Follow-u	p Date: 02/22/2023	

stablishment	511-0-1, nuie .10 s	in the time frames specified below subsections (2)(h) and (i). Permit		Date	in nuies and
ddress		067-FS-	City/State	02/22/2023 Zip	Code
333 Buford Dr		TEMPERATURE OB	Buford	GA 3051	9
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
in/max thermometer (ice pt cal) / home	32	thermapen (ice pt cal) / home	32	coleslaw (cooling for 2hrs) / ice bath on prep	
		1		1	
		1		/	
		1		1	
		1		/	
		1		/	
		1		1	
		1		/	
Item Number		OBSERVATIONS AND	CORRECTIVE	ACTIONS	

<i>egulations Food Service Chapter 511-6-1, Rule .10 su</i> stablishment	bsections (2)(h) and (i). Permit #	Date	
ARMERS BASKET	067-FS-10451	02/22/2023	
ddress 33 Buford Dr	City/State Buford	GA Zip Code 30519	
Item Number	OBSERVATIONS AND CORRECTIVE	ACTIONS	
omments:			
OTE: All cold and hot held temperatures were in complia	ance unless otherwise noted.		
OTE: Food coloring and vanilla extract are used at this f	facility.		
OTE: Facility is now using time control for hot bar.			
OTE: A required additional routine will be conducted witl	hin 12 months due to previous score.		
OTE: Questions? Please visit www.gnrhealth.com			
erson in Charge (Signature)		Date 02/22/2023	
spector (Signature)		Date 02/22/2023	